DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY
ATTORNÈYS' DOCKET NO.

Priority Claimed

86 D

ALL PATENTS, INCLUDING DESIGN

Prior Foreign Application(s)

FOR APPLICATION BASED ON PCT; PARIS CONVENTION;

NON PRIORITY, OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office eddress and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, that and sole inventor (if only one name is issed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached herato)

original, first end sole inventor (if only o	me name is listed et 201 below), or e first and joint inventor (if plural inventors are nemed below at 201-203, or on additional sheets attached herato).
	and for which patent is sought on the invention entitled:
SYSTEM ANI	METHOD FOR PROTECTION AGAINST NUCLEAR, BIOLOGICAL
AND CHEMIC	CAL (NBC) CONTAMINATION
which is described and cleimed in:	O PCT International Application No
O the etteched specification	The specification in application Sariel No

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

Treately sets that increase the duty to disclose information which is metarial to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Thereby claim loveing priority benefits under Title 35, United States Code, §119 (Ayd) of any loveing application(s) for patent or inventor's certificate fissed below and have also identified below.

L. SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

TCDARI

I hereby creim toreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for petent or inventor's certificate tisted below and heve also identified beliany foreign application to repetent or inventor's certificate having a filling date before that of the application on which priority is claimed:

21 AUG 2002

(Number)	(Country)	(Dey/Month/Year Filad)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	- Ves	O No
(Number)	(Country)	(Dey/Monity/Year Filed)	- D Yes	No
I hereby claim the benefit under To	itle 35, United States Cod. §119(e) of any Un	ted States provisional appplication(s) listed below:		
Application No.	Fiting Date	Application No.	Filing De	Bie
is not disclosed in the prior United	States application in the manner provided by	d Stares application(s) listed below end, insolar as the s the first peragraph of Title 35, United States Code, §112, 55 which became aveitable between the filing date of the	I acknowledge the	e duty to disclose information w

(Application Serial No.) (Status: psended, pending, abendoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected them. HARVEY B JACOBSON, JR, (20,85); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,763), MARVIN R. STERN (20,840); MICHAEL R. SLOBASKY (26,421); JONATHAN

[SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docker No.) (202) 638-6666
	JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 Seventh Street, N.W. Washinaton, D. C. 20004	JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY

"Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME* OF INVENTOR	FAMILY NAME KOEGER	GIVEN NAME SAMUEL		MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	Zikhron Yaagov	STATE OR FOREIGN COUNTRY ISRAEL		COUNTRY OF CITIZENSHIP GERMANY	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 17 HaShaked Street	Zikhron Yaagov	STATE OF	AEI	ZIP CODE 30900
202	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME MIDDLE NAME		MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY .	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP COD		ZIP CODE
203	FULL NAME* OF INVENTOR	FAMILY NAME	GIVEN NAME		MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY COUNT		COUNTRY OF CITIZEN	SHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE OR	COUNTRY	ZIP CODE

I further declare that all stetements made herein of my own inowledge are true and that ell stetements made on information and belief are believed to be true; and further their beas stetements were made with he knowledge that willful sizes stetements and the like so made are purchastile by line or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful lists statements may jourpaid the wailingt of the application of any patient is statistically the statements may jourpaid the wailingt of the application of any patient is statistically the statements any jourpaid the wailingt of the application of any patient is statistically the statements are jourpaid the wailingt of the application of any patient is statistically applications.

SIGNATORE OF INVENTOR 201	SIGNATURE OF INVENTOR 202"	SIGNATURE DF INVENTOR 203*	
DATE 07/07/2003	DATE	DATE	ŀ

[☐] Additional invantors are named on seperetely numbered sheets attached hereto ⑤ JPH&S 1995 8/95; 3/96 (COPYING WITHOUT DELETIONS PERMITTED)